

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
60018/101:1**Claims as Filed - Part 1**

	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	(A) 22	(B) 57	*** 35 =	x \$ 9 =	315		x \$ _____ =
Independent claims (37 CFR 1.16(i))	(C) 4	(D) 10	* 6 =	x \$ 43 =	258	or	x \$ _____ =
				Basic Fee (37 CFR 1.16(h))	\$ 385		\$ _____
				Total Filing Fee	\$ 958.00	OR	\$ _____

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
				Total Additional Fee	\$	OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 19-4455.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 958.00 to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**April 15, 2004

Date

31,653

Registration Number, if applicable


Signature of Applicant, Attorney or Agent of Record

John A. Reifer, Jr.

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.